



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **ESKENAZI HEALTH CENTERS**

City of Hospital: Indianapolis

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Dorian Herceg

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Medicare Provider Number: 150024

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$790274199
Outpatient Patient Service Revenue	\$957698390
Total Gross Patient Service Revenue	\$1747972589

2. Deductions From Revenue

Contractual Allowance	\$930106045
Other Deductions	\$416246931
Total Deductions	\$1346352976

3. Total Operating Revenue

Net Patient Service Revenue	\$401619614
Other Operating Revenue	\$210830453
Total Operating Revenue	\$612450067

4. Operating Expenses

Salaries and Wages	\$244161284	Employee Benefits	\$84020098
Depreciation and Amortization	\$60191927	Interest Expense	\$22907
Bad Debt	\$0	Other Expenses	\$270371219
Total Operating Expenses	\$658767435		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-46317369	Total Assets	\$1005743756
Net Non-operating Gains over Loss	\$692833	Total Liabilities	\$125057007

Total Net Gains	\$-45624536
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$449516412	\$294342587	\$155173825
Medicaid	\$492323459	\$438172980	\$54150479
Other Government	\$288318010	\$416246931	\$-127928921
Other State	\$0	\$0	\$0
Other Payers	\$517814708	\$197590477	\$320224231
Total	\$1747972589	\$1346352975	\$401619614

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$15988749	\$23625279	\$-7636530
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1034
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$149440		
Subtotal	\$149440	\$0	\$149440
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$149440	\$0	\$149440

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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